



Benton County Department of Emergency Management and Homeland Security

www.co.benton.ar.us

Volunteer Application

Date: _____

Section I: Personal Information

Name: _____ Date of Birth: _____
Last First Middle Month Day Year

Social Security Number: _____ Driver's License Number: _____

Current Address: _____
Number Street Apt City State Zip Code

Mailing Address (if different): _____

Home Phone Number: _____ Work Phone Number: _____

Alternate Phone Number: _____

Name of Spouse: _____

Agency(s) Applying For: _____ ARES – RACES
Call Sign: _____

_____ Fire Protection Association
Department Name: _____

_____ Department of Emergency Management and Homeland Security

_____ Search and Rescue

_____ Water Rescue

Have you served or currently serve with any other emergency service agency? ____ Yes ____ No

Agency: _____ Dates of Service: _____ to _____

Section II: Military History

Branch of Service: _____ Serial Number: _____

Enlistment: _____ Discharge: _____ Discharge Type: _____

Rank when discharged: _____ Are you a member of a Reserve Unit? ____ Yes ____ No

If yes, provide unit name: _____

Section III: Employment History

| Employer | City/State | Supervisor | Phone Number |
|----------|------------|------------|--------------|
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| | | | |
| | | | |
| | | | |

Section IV: Educational History

| High School | City/State | From | To | Diploma or GED |
|--------------------------------|------------|------|----|----------------|
| 1. | | | | |
| 2. | | | | |
| College and/or Trade Schools | City/State | From | To | Degree |
| 1. | | | | |
| 2. | | | | |
| Specialized/Technical Training | City/State | From | To | Certificate |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Use Additional Sheets if Necessary

Section V: Residence History

| Street Address | City/State/Zip | From | To | Landlord |
|----------------|----------------|------|----|----------|
| | | | | |
| | | | | |
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| | | | | |

Section VI: References

| Name | Occupation | Address | Phone Number |
|------|------------|---------|--------------|
| | | | |
| | | | |
| | | | |

Section VII: Questionnaire

1. Have you ever been convicted with any violation or crime, including traffic tickets?
___ Yes ___ No If yes, explain:

2. Has your driver's license ever been revoked or suspended? ____ Yes ____ No If yes, explain:

3. Why do you wish to become an emergency service volunteer?

I hereby certify that all statements by me in this application are true, complete, and correct. I understand false statements herein are sufficient grounds for rejection of this application. If approved for service, I agree to abide by all of the provisions of Benton County Emergency Management and Homeland Security's policy, Benton County policy, and the subsidiary for which I am applying.

Signature of Applicant

Date

Applicant Instructions

1. Complete application in its entirety. (print or type)
2. Return application to the department(s) for which you are applying.

Department Instructions

1. Interview applicant to determine eligibility.
2. Approve or decline applicant. (see administrative section)
3. Maintain a copy of application for your records.
4. Return original to Department of Emergency Management for background check and final disposition.

FOR ADMINISTRATIVE USE ONLY

| Interviewer | Date | Comments |
|-------------|------|----------|
| | | |
| | | |
| | | |

Date Application Received: _____

Department Administrative Action

Date of Administrative Action: _____

Type of Action: Approved ____
Declined ____

County Administrative Action

Date of Administrative Action: _____

Type of Action: Approved ____
Declined ____



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Authorization to Release Information

I, _____, am a volunteer applicant with the Benton County Department of Emergency Management and Homeland Security. In order to process my application, certain information must be made available to the Department. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); medical institutions and doctors; any other person, institution, or organization; and all governmental agencies, law enforcement agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the Director or to any representative thereof, the following information, including but not limited to any document, information, record, or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Pursuant to ARK. CODE ANN. SECTION 12-12-1009, I hereby authorize the Benton County Department of Emergency Management and Homeland Security (the “department” to obtain conviction information from any local, state, federal or foreign agency, registry or repository. I understand that conviction information shall only be used for the purpose of employment with the department and that conviction information may not be disseminated.

Signature of Applicant

Date